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ABSTRACT

The report discusses achievements of a preschool project offering infant stimulation, occupational therapy, and consultative and referral services to handicapped children and their families. Attainment of objectives in the areas of staff development, parent training, child services, and demonstration/dissemination is discussed: and tables list attainment figures. More than half of the document is composed of appendixes, including a sample parent satisfaction survey, parent attitude questionnaire, and project data sheet. (CL)

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Report #8039

MODEL SERVICES FOR HANDICAPPED INFANTS

THIRD YEAR REPORT

REPORT PREPARED BY

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February 1980

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MODEL SERVICES FOR HANDICAPPED INFANTS

ADMINISTRATOR:	Dr. Lafayette Powell, Activity Manager Mary Winter, Coordinator
HEADQUARTERS:	Stevens Administrative Center
TELEPHONE:	299-7804
PBRS CODE:	25-05-910
FEDERAL CODE:	G007602066
OPERATING YEARS:	1976-1979
GRADES SERVED:	N.A.
NO. SERVED:	50 handicapped infants (0-3 yrs.) and 50 families of handicapped infants
NO. OF EMPLOYEES:	3 Full-time Professionals, 1 Half-time Professional, 1 Student Intern, 1 Secretary
CURRENT BUDGET:	$120,000 Title VI-BEH
SERVICE PROVIDED:	This project is designed to provide training and education to the families of handicapped infants and to provide direct services to handicapped infants, ages 0-3 years, in the home.
EVALUATION TEAM:	Marion Kaplan, Janice Atkins*, Helena Gaydos

OBSERVED ACTIVITIES

The Model Services to Handicapped Infants is a preschool project that offers infant stimulation, occupational therapy, and consultative and referral services to handicapped children and their families.

The Model Services to Handicapped Infants project consisted of several components. The first related to children who received direct services which included diagnostic/prescriptive lessons, physical therapy, stimulation, assessment, and referrals. The second dealt with parent training. Parents received training including instructional techniques, methods of incorporating project activities, and identification and the use of resources. Another project component related to staff development activities that occurred throughout the year. Demonstration/dissemination activities comprised the fourth component. It included the dissemination of information about the project and available resources to parents, professionals, and various organizations.

Previous years' evaluations showed that the MSHI project was implemented as intended during the 1975-1977 year. The first year of the project was primarily a planning year. The model program components were planned, coordinated, and partially implemented. The evaluation team concluded that the project's efforts resulted in a well planned educational experience for the children and parents. However, parental participation in group sessions was found to be a problem area.

During the 1977-1978 year, the MSHI project was partially implemented. The project served as an information clearinghouse for parents and the professional community. Staff members provided direct services to 27 handicapped infants as well as training for their families. Staff turnover caused interruptions in the provision of service. Dissemination and staff training components were adversely affected by the change in personnel and were not completely functional.

In it's third and final year, the project was partially implemented. This year the project staff consisted of a coordinator, a secretary, a teacher, three occupational therapists (one who served part-time), and three college students--who served consecutively as information aides.

Child Services Component

Services were provided to 56 client families this year. Of these, 19 received consultative and/or referral services, and 28 received full teaching and social services. Nine others were full service clients who were served for part of the year. The predominant handicapping conditions were: Cerebral Palsy, language delay, mental retardation, and developmental delay.

The selection of children who received direct services was based on an intake process which included an initial family visit by a MSHI staff member who obtained information regarding the child's medical and developmental history. This was followed by an evaluation of the child. Development of a tentative IEP and assignment to a caseload was facilitated with the assistance of an occupational therapist and a teacher (the latter for part of the year). Visits by the occupational therapist and/or teacher occurred according to the IEP schedule. The 28 full-service children received training in the following areas: motor development (61%), language acquisition (26%), and self help skills (13%). This direct delivery system provided service in the home with parent/caregiver participation. Project staff members worked with a child for an hour each week and trained parents/caregivers to provide daily follow-up activities and to record the children's progress.

Parent Component

The project developed and delivered training for parents of handicapped infants receiving full services. Caregivers received assistance in identifying and using resources, training in instructional techniques, and methods for incorporating child-training activities into the child's existing therapy and educational program.

Parental training (based on expressed or observed needs) was given in the home by program staff at regular intervals. The parent/caregiver was expected to attend each instructional session with the child for one hour each week. Each procedure was explained and discussed by the staff as it was implemented with the child. After each session the parent was requested to perform the demonstrated

procedure under the staff member's supervision. Additional instructions or adjustments could then be provided by the staff person. Parents/caregivers were expected to implement these activities daily until the next week's visit. At that time the child was tested for competency in these skills. The results of these tests were the basis for new exercises for the child.

In order to determine how well the project provided services to parents and their children, parents were asked to complete a survey and return it (see Appendix A). Twenty-four participants (86%) responded to the MSHI Parent Satisfaction Survey. Most indicated they were referred to the program by an agency or an organization and that they had been in the program between six months and one year. Most parents reported that they gained from participating in the MSHI project and that they acquired knowledge related to their children's needs and their ability to work with their children. The majority of parents indicated that the project allowed them enough chance to participate. However, most also indicated that they had not ever attended a MSHI parent meeting. Parents responded that they were visited weekly by a therapist or teacher. They also reported that their children now did things they were unable to do before. They indicated that they did training activities suggested by the MSHI staff with their children at home consistently (usually on a daily basis). One-third of the parents reported that they did daily recording of progress. Parents indicated they received the necessary support to perform the activities and that they understood what was taught in home visits by the therapist or teacher. A majority indicated that their children's participation in the MSHI project would increase the children's opportunities for schooling and a fuller life. Twenty-three of the 24 parents stated that they were satisfied with the services provided by the project and that they would recommend the project to someone else.

Four Advisory Council meetings were held between December and May. The minutes from these meetings indicated that information had been disseminated about project services to parents and children, available resources for preschool handicapped children, and project products that were available for parent or professional use on topics related to preschool handicapped children. While attendance at meetings improved somewhat this year, over last year, parental participation continued to be less than expected. Meetings early in the school year were attended by between one and four parents. The May meeting, held upon parental request, was attended by eight parents. Concerns about continuing MSHI services were raised at this meeting (and at two Board of Education meetings attended by MSHI parents). The Executive Director of Special Education indicated service to clients would continue within the PEACH Project (an EHAB preschool project).

Staff Component

The planned staff development was partially implemented. this year's staff development focused on the following aspects: decision making based on child

progress, parents' data collection efforts, and parent intervention in child training. There was staff development related to data collection on an individual client basis wherein the staff discussed record-keeping responsibilities of the parent and staff members. A session on task analysis utilized a film, Marc Gold's "Try Another Way", Series I-III.

There were other opportunities for staff development provided by groups external to MSHI. Both the program coordinator and an occupational therapist attended a Children's Heart Hospital workshop titled "Developmental Disorders of Infancy and Childhood." The coordinator and information aide attended a Regional Resource Center/PRISE workshop on several topics: Diagnostic - Prescriptive Teaching, Development and Implementation of a Behavior Management System, and Child Development and a Review of State and Local Regulations. They also attended a Pennsylvania Department of Education Bureau of Special Education workshop on topics such as non-discriminatory testing, a history of law suits, and training teachers to work with IEP's. The information aide attended a Woodhaven Rehabitation Center workshop on nutrition and development and a PARC Special Education Workshop on the services available through the Parent Network and PARC. The program coordinator attended a TADS Conference on measuring progress in young handicapped children. An occupational therapist attended a PT/OT workshop given by the DuPont Institute on early developmental intervention and a workshop on sensorimotor evaluation and treatment.

Demonstration/Dissemination Component

The program acted as a clearinghouse for providing information to parents of handicapped infants and to the professional community. The following types of information and materials were available: 60 articles, 21 curriculum guides, 30 pieces of equipment, 6 filmstrips, 11 records, 100 catalogs, 1 case file, 9 directories, 42 toys, 1 proposal, 23 children's books, 24 tests, 63 pamphlets, 1 tape, 68 reference books, 8 periodicals, and 26 projects products, lists, and forms. These items were used by 52 parents/clients, 69 professionals from other organizations, 11 MSHI staff members, and 38 community members--a total of 170 people.

The dissemination of the MSHI project's planning and management system occurred through interaction with local agencies and potential clients. MSHI staff members made personal contacts with community agencies and distributed flyers and newsletters. A Directory of Services for Preschool Children With Special Needs in Philadelphia 197º was produced by the program staff. It listed social service agencies, day care centers, and nursery schools in the area.

ATTAINMENT OF OBJECTIVES

Child Services Component

Objective 1: Children receiving direct services will demonstrate one-half the median raw score gain obtained by last year's clients on the Motor Scale and one-

half the median raw score gain obtained by last year's clients on the Mental Scale of the Bayley Scales of Infant Development over each six month period.

This objective was attained. The project staff did not test each child on a semi-annual basis. As a result the objective was examined by comparing 1977-1978 median gains with those obtained during 1978-1979.

The Bayley Scales of Infant Development were designed to assess developmental growth for children up to two and one half years of age. The Mental Scale was used to evaluate sensory-perceptual discrimination, learning ability, language skills, and the ability to form generalizations as the beginning of abstract thinking. The Motor Scale was used to measure fine and gross motor skills. Data were provided for 21 children. Nineteen children showed gains in both areas, and two children demonstrated no progress (see Table 1). Changes in score ranged from -6 to 64 on the Mental Scale and from -5 to 22 on the Motor Scale. Last year, the median gain on the Mental Scale was six points. This year it was 17 points. Last year's median gain for the Motor Scale was two points. This year it was eight points. Thus, the criterion was exceeded in both areas.

Objective 2: Children receiving direct services will attain 60% of the short term objectives (or related tasks) designated in their IEP's or related training records, as determined by competency based measures.

This objective was not attained. For 28 children who received direct services, 623 of the 982 short term objectives from the designated IEP's were attempted or worked on, and 49% were fully attained. The coordinator indicated that because of the severity of the handicaps and/or prolonged hospitalization of some children achievement of this project objective was made more difficult (see Table 2). More success was observed in the motor skill area than in language and self help. Given objectives and tasks of varying difficulties, in retrospect a 60% attainment level appears to have been too optimistic for this population.

Parent Component

Objective 3: Parents of children receiving direct services will display increasingly positive attitudes toward their children, as indicated by a statistically significant ($p<.10$) increase in mean score, from pretest to posttest, on the MSHI Parental Attitude Survey.

Attainment of this objective could not be assessed. The MSHI Parental Attitude Survey (see Appendix B) was administered to participating parents during spring, 1978 in order to obtain pretest data for the 1978-1979 school year. Parents were requested to rate themselves in seven areas with respect to their attitudes towards their handicapped children. The results indicated that parents had initially positive attitudes in most areas: overprotectiveness, confidence/competence, lack of dejection, lack of rejection, marital conflict, acceptance of children, and change in life style. The posttest was administered to 22 parents/guardians. Of these, only

nine had been pretested, because the project coordinator did not arrange to administer the posttest to each family prior to their exit from the project. The evaluators did not perform statistical analyses across the seven scales of this instrument because nine pairs of scores did not constitute a sufficient, representative sample of the project participants.

Visual inspection of the pretest-posttest scores indicated that positive changes were rather small (pre scores were high) and occurred primarily in the Parental Rejection and Acceptance Scales (see Table 3).

Objective 4: Parents of children receiving direct services will demonstrate skills in teaching their children to the extent that 60% of them carry out the child's training activities and record progress, on a regular basis.

This objective was partially attained. Parents implemented their children's training activities but fewer of them than expected recorded child progress on a regular basis.

In a telephone interview the MSHI teacher and three therapists were asked (1) whether parents performed training activities with the child regularly and (2) whether they recorded the child's progress. The therapists indicated that 25 of 30 (83%) parents performed training activities with their children, but that only about half of them recorded the child's progress.

Evaluators also examined project records to ascertain the extent of parent participation in the children's training. Sixty-five Training Activity Sheets were on file. On this form parents indicated those aspects of the child's program on which they had worked. Data sheets, on which parents recorded child progress for daily activities were also available for 15 parents. Thus project records indicated a lower percentage (50%) of parents directly involved in their children's training programs than the therapists reported. However, when questioned about the discrepency, the staff indicated that forms were on file in the homes and could not be placed in project folders.

Staff Component

Objective 5: Project staff will receive information in the areas of P.L. 94-142, handicapping conditions, infant development, feeding, child progress evaluation, and parental education which is judged to be useful and relevant, as indicated by mean ratings of 3.0 or higher (on a 1 to 5 scale) on each of the scales of the MSHI Staff Development Rating Scale.

This objective was partially attained. Although there were staff development sessions dealing with some of the specified topics, the utility and relevance of the information could not be determined because the MSHI Staff Development Rating Scale was not administered for most sessions.

Evaluators reviewed minutes from staff development sessions to determine which topics had been discussed. Meetings were held in which clients' handicapping conditions were discussed, recommendations were made for specific problems (e.g., auditory localization, temper tantrums), and suggestions were made for recording child progress. Books and articles were made available to the staff and there was some discussion on behavior problems, self-help skills, and feeding. Articles noted for discussion in the staff development meeting minutes included "Terrible Two's" and a Piaget article on cognitive and social goals and objectives. At an October staff meeting, there were several announcements about sharing new techniques for feeding the physically handicapped child. Child progress evaluation was discussed at some staff meetings, and suggestions for recording data were made in at least one meeting. The MSHI Staff Development Rating Scale was used to assess the Marc Gold film, "Try Another Way." A scale of 1 (very low) to 5 (very high) was used (see Appendix D) to rate the presentation along the dimensions of content, coverage, organization, and practicality. Three staff members completed the form. Their ratings indicated that the coverage of the topic was adequate (2.5). The organization of the session also was rated adequate (3.0), and the film's content was rated as practical (3.0). To rate the pace and interaction of the session, a scale ranging from 1 (too little) to 5 (too much) was used. The most favorable rating on this scale was 3.0. The mean rating for each of these scales was not quite the expected 3.0. In their comments, participants indicated that the material was basic, but that new terms used were unfamiliar. They also stated that although the film was useful, it appeared incomplete by itself, that it appeared to be part of a series.

Objective 6: Project staff will increase their skills in the areas of assessment, diagnostic/prescriptive programming (IEP's), behavior modification, supportive occupational therapy, and evaluating parents' child training performance to the extent that there is a 50% increase in score on the MSHI Staff-Development Self-Rating Inventory.

Attainment of this objective could not be assessed. Evaluators provided the Project Coordinator with copies of this instrument to be administered at the beginning of the first staff-development session related to the specified content. The Project Coordinator did not administer the pretest at the appropriate time. Upon completion of the training, she did administer the posttest and a retrospective pretest. The 24-item MSHI Self-Rating Inventory was administered to the three occupational therapists on staff. The maximum number of points possible was 96. The range on the pretest was from 67 to 84. The mean score was 74. The range on the posttest was from 87 to 91. The mean score was 89. This represents a 17% increase in score. Thus, a combination of a high retrospective pretest score and the ceiling of the test (maximum attainable score) made it mathematically impossible to attain a 50% increase (See Appendix E).

Demonstration/Dissemination Component

Objective 7: By May 30, 1979 MSHI staff will have produced the following products: slide and/or tape presentations on at least five topics, a Skills/Information Exchange card file, a card file of services available for young children in the Philadelphia area, written descriptions of all MSHI components, and an implementor's manual.

This objective was partially attained. These items were produced considerably later than the expected May 30 date. Four slide presentations and scripts were examined: "Reflexes", accompanied by a script called "Stimulating Language"; "Piaget" and a script titled "Socialization and Thinking Processes; Overview of the MSHI Program's Services," with a written script that explains how a teacher and therapists work with handicapped children; and a presentation on normal motor development with an accompanying script. A fifth slide and tape presentation on patient care evaluation was included, but it appeared to be a commercially prepared tape rather than a program product.

A Project Directory of Services was produced instead of a Skills/Information Exchange card file and a card file of services for young children. The project evaluator received a copy of this product. The project coordinator's final report, which included written descriptions of all MSHI components and implementation information, was produced in lieu of an implementor's manual.

Objective 8: By June 15, 1979, the MSHI model and products will have been disseminated in the following ways: all products will be deposited with the School District's Special Education Activity Center; project resource files will be turned over to Project PEACH; national dissemination of MSHI will occur through PRISE and through staff presentations at TADS and BEH conferences.

This objective was partially attained. These products (slides, scripts, the directory and final report) have not been deposited at the School District's Special Education Activity Center. The Activity Manager reported that they would be distributed in the immediate future. Project resource files have been sent to Project PEACH.

The coordinator attended the Pennsylvania Federation Council Workshop for Exceptional Children, the HCEEP 1978 Project Conference at Allentown, Pennsylvania, the BEH Early Childhood Consortium meetings in Harrisburg, Yeadon, Pennsylvania and Washington, D.C., the TADS Needs Assessment Conferences at Nashville, Tennessee and Harrisburg, Lancaster, and Philadelphia, Pennsylvania; a School Board meeting, and a CREEP Technical Assistance Consultation in Camden, New Jersey. The full MSHI staff presented a demonstration and sponsored a conference for physical and occupational therapy students at Temple University.

IMPACT

The MSHI project was partially implemented. The project served as an information clearinghouse for the professional community and parents. Staff members provided direct services to 28 handicapped children as well as training for their families. Parents who were surveyed reported that through participation in the MSHI project they gained knowledge of their children's needs and of how to work with their children. They also reported that their children now could do things they were unable to do before. Dissemination of the project was partially completed. A Directory of Services for Preschool Children With Special Needs in Philadelphia was published and distributed. Other dissemination products such as slide and script presentations and the project coordinator's report were produced. National dissemination of MSHI occurred through PRISE and through staff attendance at TADS and BEH conferences. However, copies of the directory and final report were not distributed.

One objective was fully attained, four were partialiy attained, one was not attained, and two could not be assessed. Some of the accomplishments of the project were: (1) parents supplemented their children's training, (2) children of participating families showed improvement on the Bayley Scale of Infant Development, (3) the project's information clearinghouse provided information to parents and professionals, and (4) parents were positive about MSHI to the extent that they voluntarily appeared at Board of Education meetings to request continuation of the project.

This was the third and final year of the MSHI project which provided service to 173 children. One hundred and thirteen received referral/consultative services and 60 received teaching or therapy services. Clients who received consultative or referral services usually included those who required minimal intervention because the developmental delay was corrected or they did not need full services offered by the project on a regular basis. The project's services will continue under the auspices of the PEACH project.

TABLE 1

CHANGES IN RAW SCORE ON THE BAYLEY SCALES OF INFANT DEVELOPMENT EXHIBITED BY MSHI PARTICIPANTS, 1978-1979

Mental Scale		Motor Scale	
Child	Raw Score Change	Child	Raw Score Change
1	-6	1	-5
2	-1	2	0
3	6	3	1
4	7	4	1
5	9	5	3
6	12	6	3
7	13	7	5
8	15	8	6
9	17	9	7
10	17	10	7
11	17[a]	11	8[a]
12	19	12	8
13	21	13	8
14	22	14	9
15	23	15	9
16	24	16	11
17	25	17	11
18	41	18	12
19	48	19	13
20	48	20	13
21	64	21	22

[a]median change in score

TABLE 2

ATTAINMENT OF IEP OBJECTIVES FOR 28 MSHI PROJECT CHILDREN,
1978 - 1979

SKILL AREAS	No. Short Term Objs. Listed	No. Short Term Objs. Attempted	No. Short Term Objs. Fully Attained	Percentage of Listed Objs. That Were Attained
Gross Motor	318	222	168	53
Fine Motor	279	186	148	53
Language	254	139	105	41
Self Help	131	76	60	46
All Areas	982	623	481	49

TABLE 3

MSHI PARENT ATTITUDE QUESTIONNAIRE-SUMMARY DATA

1978-1979

	Subtest						
	Overprotection	Confidence Competence	Dejection	Parental Rejection	Marital Conflict	Acceptance	Change in Lifestyle
Maximum Score Possible	48	44	52	48	48	27	40
Number of Participants Increasing Score	5	3	6	6	5	7	2
Number of Participants With No Change in Score	1	1	2	3	1	1	0
Number of Participants Decreasing Score	3	5	1	0	3	1	7
Pretest Mean	40	38	41	46	43	22	30
Posttest Mean	41	37	43	46	40	22	20

APPENDIX A

SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF RESEARCH & EVALUATION
FEDERAL EVALUATION RESOURCE SERVICES

MSHI PARENT SATISFACTION SURVEY

As you probably know this is the third year of the MSHI project. In order for us to determine how well the project has provided services to you and your child, we would like you to complete this survey and return it to a MSHI staff member.

Thank you for your cooperation.

1. How did you first learn about the program?

_____Newspaper _____Information from the program

17 Referred to the program by an agency or organization

8 Through a friend _____Radio _____Television

2. How long has your child been in the program?

3 Less than 6 months 11 6 months - 1 year

4 1 - 1½ years 5 1½ - 2 years 1 More than 2 years

3. Do you feel you have gained anything from participating in MSHI?

23 Yes _____No 1 Don't know

What have you gained?

20 Knowledge of my child's needs.

10 Better feelings of acceptance of my child.

19 Knowledge of my child's abilities

16 Better understanding of my child's abilities.

20 Being able to work with my child.

19 Knowledge of services available to my child.

13 Better ability to cope emotionally with my child.

4 OTHER(please specify) and 1 No Response

_____

_____

4. Do you think there is enough opportunity for parents to participate in the MSHI program?

21 Yes 1 No 1 Don't know 1 N.R.*

5. Have you ever attended a MSHI parent meeting?

8 Yes 16 No

6. Please write in the names (or job titles) of MSHI staff persons who have visited your home since September. Next to each name check the column which tells approximately how often this person has visited you.

Name or Title	ONCE or TWICE	Monthly	Weekly	More than once a week
O.T.	5		22	2 N.R.*
Teachers	3		9	
Social Worker	5			
Prog. Coor.	4			
Infant Aide	3			
O.T. Students	2			

7. As a result of the training by MSHI staff do you find your child is now able to do things he/she could not do before?

19 Yes 3 No

8. Do you do exercises or training activities suggested by MSHI staff regularly with your child at home?

21 Yes 1 No

If you do, how often?

17 Daily 3 Weekly 1 Sometimes 1 OTHER

9. If you do, how often do you record your child's progress in these activities?

8 Daily 9 Weekly 3 Monthly 2 Sometimes 1 N.R.*

1 OTHER(explain) They keep a log.

* N.R. - No Response

If not, is there any specific reason why you don't carry out suggested activities?

1 Too little time _____ Lack of necessary materials

_____ Lack of necessary information or knowledge to carry out activities.

_____ I don't believe it will help 1 No particular reason

2 OTHER(please specify) 1 - occasionally 1 - sometimes

9. Does the program provide the support you need such as specific instructions and materials in order to perform these activities?

24 Yes _____ No

10. Did you understand what was taught to you in home visits by the therapist and/or the teacher?

24 Yes _____ No

11. Do you think your child's participation in the MSHI project will increase his/her opportunities for schooling and a fuller participation in life?

20 Yes _____ No 4 Don't know

12. Overall, are you satisfied with the services that the MSHI project has provided to you and your child?

24 Yes _____ No _____ Don't know

13. Would you recommend this project to someone else with a handicapped child?

23 Yes _____ No 1 Don't know

APPENDIX B

THE SCHOOL DISTRICT OF PHILADELPHIA
Office of Research and Evaluation

FERS-DIRDS

Model Services to Handicapped Infants

PARENT ATTITUDE QUESTIONNAIRE

The main task of the Model Service to Handicapped Infants (MSHI) project is to develop the most effective ways possible to help parents help their handicapped and developmentally delayed children. An important part of this is helping parents to satisfy their needs and understand their feelings regarding their child.

With this in mind, the following questionnaire has been developed. It is to be completed by either parent of the child. The results will be used in the evaluation of the program and will help, thereby, in the creation and design of programs that meet the needs of the parents. It is important, therefore, that the parent reply honestly to each statement.

All your answers will be kept confidential.

I. Read each of the statements below and then rate them as follows:

A	a	d	D
strongly agree	mildly agree	mildly disagree	strongly disagree

Indicate your opinion by drawing a circle around the "A" if you strongly agree, around the "a" if you mildly agree, around the "d" if you mildly disagree, and around the "D" if you strongly disagree.

There are no right or wrong answers, so answer according to your own feelings. It is very important for the MSHI project that all questions be answered. Many of the statements will seem alike but all are necessary to show slight differences in parental feelings.

Note: all of the statements below refer to your feelings about your handicapped/developmentally delayed child.

Agree		Disagree			
A	a	d	D	1.	I feel that I have to keep an eye on my child almost all of the time.
A	a	d	D	2.	I am able to do things for my child just as well as other parents with handicapped/developmentally delayed children.
A	a	d	D	3.	Caring for my child has dampened my zest for life.
A	a	d	D	4.	There are many times when I would enjoy being away from my child.
A	a	d	D	5.	I am not very confident about my ability to care for my child.
A	a	d	D	6.	I feel hopeful about my child's future.
A	a	d	D	7.	I prefer that my child is not in the room when I have company.
A	a	d	D	8.	My child's father and I tend to blame each other for having a handicapped/developmentally delayed child.
A	a	d	D	9.	I am constantly telling my child to be careful.
A	a	d	D	10.	I am confident that I can face and handle most emergencies that come up in my child's life.
A	a	d	D	11.	I must constantly shield my child from hurts.
A	a	d	D	12.	I like holding my child on my lap.
A	a	d	D	13.	My child's father/mother and I have grown closer to each other since the birth of our child.
A	a	d	D	14.	I prefer to keep my child's crib/bed in my bedroom.
A	a	d	D	15.	I often feel discouraged in my role as parent of a handicapped/developmentally delayed child.

Agree		Disagree			
A	a	d	D	16.	Thinking of my child will generally lift my spirits.
A	a	d	D	17.	There are times when I find it difficult to be fond of my child.
A	a	d	D	18.	I feel that underneath it all my child's father/mother secretly blames me for having wanted the child.
A	a	d	D	19.	Sometimes I feel useless when I try to help my child.
A	a	d	D	20.	When I think of my child I feel generally content.
A	a	d	D	21.	I feel repelled by many things my child does.
A	a	d	D	22.	I feel that my child's father/mother understands me and our child.
A	a	d	D	23.	I try to keep my child out of situations where he/she may be unfavorably compared with others.
A	a	d	D	24.	I like spending the day doing things with my child.
A	a	d	D	25.	Serious differences have arisen between my child's father/mother and me about how best to raise our child.
A	a	d	D	26.	I sometimes feel gloomy when I think of my child.
A	a	d	D	27.	If I can, I will avoid looking at my child when he/she is eating or being fed.
A	a	d	D	28.	When there is a disagreement between my child's father/mother and me concerning our child, we both make a real effort to understand what it is all about.
A	a	d	D	29.	I urge my child to help himself/herself as much as possible.
A	a	d	D	30.	On the whole, I am not satisfied with my ability to raise my child.
A	a	d	D	31.	My experience in caring for my child has given me great satisfaction.
A	a	d	D	32.	I feel upset if I see my child drool a lot.
A	a	d	D	33.	I feel confused about what to do in my role as a parent of a handicapped/developmentally delayed child.
A	a	d	D	34.	I try to manage things so that my child is not put into situations where he/she may get his/her feelings hurt.
A	a	d	D	35.	I am satisfied with my ability to care for my child.
A	a	d	D	36.	My child has brought great joy to my life.

Agree		Disagree			
A	a	d	D	37.	I feel concerned about the effect my child is having on my relationship with my child's father/mother.
A	a	d	D	38.	I urge my child to try to do things on his/her own.
A	a	d	D	39.	I get into moods in which I feel low and depressed about my child.
A	a	d	D	40.	I feel too depressed about my child to want to talk to people about him/her.
A	a	d	D	41.	I enjoy spending the day playing with my child.
A	a	d	D	42.	Being the parent of a handicapped/developmentally delayed child has made my child's father/mother harder to get along with.
A	a	d	D	43.	I feel competent in my role as parent of a handicapped/ developmentally delayed child.
A	a	d	D	44.	Ever since the birth of our child, there has been a definite strain between my child's father/mother and me.
A	a	d	D	45.	I allow my child to play by himself/herself when I'm not in the room.
A	a	d	D	46.	I feel confident in my role as parent of a handicapped/ developmentally delayed child.
A	a	d	D	47.	I feel sad when I think of my child.
A	a	d	D	48.	I consider myself as able to manage my child's affairs as I should be.
A	a	d	D	49.	I feel that my child's father/mother approves of me and our child.
A	a	d	D	50.	I feel cheerful when I think of my child.
A	a	d	D	51.	I include my child in <u>all</u> our family activities.
A	a	d	D	52.	I give my child an opportunity to overcome difficulties on his/her own.
A	a	d	D	53.	Sometimes I don't feel fit to look after my child.
A	a	d	D	54.	My child's father/mother and I can talk intimately to each other about our child.
A	a	d	D	55.	I like to take my child with me when visiting friends or relatives.
A	a	d	D	56.	I give my child a chance to come into contact with other children in the neighborhood.

Agree		Disagree			
A	a	d	D	57.	In general my child's father/mother and I agree about the ways we use to discipline our child.
A	a	d	D	58.	I often feel unhappy when I compare my child with other children.
A	a	d	D	59.	Everyone in our house is willing to give our handicapped/ developmentally delayed child a helping hand if he/she needs it.
A	a	d	D	60.	I don't mind leaving my child with a babysitter if I have to go out for a few hours.

II. Check one in each

1. I take my child with me when I go shopping in the neighborhood...
   very often____ sometimes____ hardly ever____

2. I take my child with me when I visit neighbors...
   very often____ sometimes____ hardly ever____

3. I take my child with me when I visit relatives...
   very often____ sometimes____ hardly ever____

4. I take my child with us to public restaurants when I go...
   very often____ sometimes____ hardly ever____

5. I take my child to the pool/beach when I go...
   very often____ sometimes____ hardly ever____

6. I invite neighborhood children in for a party with my child...
   very often____ sometimes____ hardly ever____

7. I take my child to the zoo, museums, amusement parks, etc...
   very often____ sometimes____ hardly ever____

8. I take my child to the country when I go...
   very often____ sometimes____ hardly ever____

9. I take our child on summer vacations when I go...
   very often____ sometimes____ hardly ever____

III. How has your life changed since the birth of your child?

Check the statement that comes closest to describing your activities during the past year. Compare it to the year previous to your child's birth.

1. Go out dancing?
more often_____ same as before_____ less often_____

2. Have relatives stay for dinner?
more often_____ same as before_____ less often_____

3. Go to parties?
more often_____ same as before_____ less often_____

4. Have neighbors drop in for a visit?
more often_____ same as before_____ less often_____

5. Have friends come for dinner?
more often_____ same as before_____ less often

6. Entertain at home? (have friends in for a party, cards, conversation, etc.)
more often_____ same as before_____ less often_____

7. Get to church? (Synagogue, prayer meeting, etc.)
more often_____ same as before_____ less often_____

8. Go visiting to relatives?
more often_____ same as before_____ less often_____

9. Go visiting to neighbors?
more often_____ same as before_____ less often_____

10. Go visiting to friends?
more often_____ same as before_____ less often_____

Check the statement that comes closest to describing your activities during the past year. Compare it to the year previous to your child's birth.

11. Go away for a day? (on a picnic, to the beach, to the country, etc.)
more often_____ same as before_____ less often_____

12. Go away for a weekend?
more often_____ same as before_____ less often_____

13. Go away for a vacation?
more often_____ same as before_____ less often_____

14. Travel? (for pleasure, to visit distant relatives or friends)
more often_____ same as before_____ less often_____

15. Take a course of studies at a school? (educational, hobby, etc.)
more often_____ same as before_____ less often_____

16. Be with the people you like?
more often_____ same as before_____ less often_____

17. Participate actively in the work of an organization?
more often_____ same as before_____ less often_____

18. Participate in sports?
more often_____ same as before_____ less often_____

19. Attend sports events?
more often_____ same as before_____ less often_____

20. Go out for an evening? (movies, plays, concerts, lectures, etc.)
more often_____ same as before_____ less often_____

APPENDIX C

Parents' Checklist

CLIENT NAME _____

PROGRAM PLANNER _____

Activity # (See Training Activities Sheet)

Date/Trainer	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Remarks (child ill, hospitalised, parent tired, etc.)

Activity # (See Training Activities Sheet)

Date/Trainer	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Remarks (Child ill, etc

MODEL SERVICES FOR HANDICAPPED INFANTS
DATA SHEET

APPENDIX C

(A.G.#___)

NAME _____

Short-term Objective ___:

Activity:

+ = Correct response
- = Incorrect response
m = Response after modeling
p = Response after prompting
Other = _____
_____

Program Planner:

Criterion for Success:

	Trials										
Date/Trainer	1	2	3	4	5	6	7	8	9	10	Remarks

Reinforcer:
Schedule of Reinforcement:

Next Step:

Short-term Objective ___:

Activity:

Criterion for Success:

	Trials										
Date/Trainer	1	2	3	4	5	6	7	8	9	10	Remarks

Reinforcer:
Schedule of Reinforcement:

Next Step:

. . . PHILA./ESH FORM OXF - 1/79

MODEL SERVICES FOR HANDICAPPED INFANTS
DATA SHEET

(A.G.#___)

NAME _____

Short-term Objective ___:

Activity:

+ = Correct response
- = Incorrect response
m = Response after modeling
p = Response after prompting
Other = _____
_____

Program Planner:

Criterion for Success:

Date/Trainer	Trials 1	2	3	4	5	6	7	8	9	10	Remarks

Reinforcer:
Schedule of Reinforcement:

Next Step:

Short-term Objective ___:

Activity:

Criterion for Success:

Date/Trainer	Trials 1	2	3	4	5	6	7	8	9	10	Remarks

Reinforcer:
Schedule of Reinforcement:

Next Step:

... OF PHILA./ MSHI FORM 05C - 1/79

APPENDIX D

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF RESEARCH AND EVALUATION
FEDERAL EVALUATION RESOURCE SERVICES

MODEL SERVICES FOR HANDICAPPED INFANTS STAFF DEVELOPMENT

DATE: _____ TOPIC _____

PLEASE RATE TODAY'S SESSION BY CIRCLING ONE NUMBER FROM 1 TO 5 FOR EACH OF THE FOLLOWING CATEGORIES.

A. CONTENT: Was the content or substance of today's session appropriate for you.

5 4 3 2 1
appropriate inappropriate

B. COVERAGE: Did today's session cover everything you felt should be covered?

5 4 3 2 1
complete coverage no coverage

C. ORGANIZATION: How well was today's session organized?

5 4 3 2 1
very well not well not all

D. PRACTICALITY: Was there adequate emphasis on practical applications of content

5 4 3 2 1
quite evident not evident

E. PACE: How was the pace of the session?

5 4 3 2 1
too fast just right very slow

F. INTERACTION: Was there adequate time for sharing of ideas or group interaction?

5 4 3 2 1
too much interaction just right not enough interaction

G. COMMENTS: The films presented material that was fairly basic but did not present terminology that was previously unfamiliar or unclear.

APPENDIX E

THE SCHOOL DISTRICT OF PHILADELPHIA
Office of Research and Evaluation
FEDERAL EVALUATION RESOURCE SERVICES

Model Services for Handicapped Infants

Self-Rating Inventory

(Revised)

Please rate your ability to perform the tasks on the list of teaching skills presented below. For each item, mark the box which corresponds to your estimation of your present level of performance in that skill. Use the following rating scale.

1 = I can't do this
2 = I can do this at a very fundamental level
3 = I can do this adequately
4 = I can do this very well

1.	Administering and scoring formal assessment instruments (e.g., Bayley Scales).	☐	☐	☐	☐
2.	Administering and scoring informal assessment instruments (e.g., LAPS).	☐	☐	☐	☐
3.	Interpreting the results of assessment instruments.	☐	☐	☐	☐
4.	Determining a child's current functional level from the results of an evaluation.	☐	☐	☐	☐
5.	Integrating information from all available sources (e.g., tests, intake interviews) to establish a child's needs.	☐	☐	☐	☐
6.	Establishing realistic educational goals for a child.	☐	☐	☐	☐
7.	Identifying the significant areas of a child's program.	☐	☐	☐	☐
8.	Making a significant contribution to a multidisciplinary staffing session.	☐	☐	☐	☐
9.	Writing annual goals.	☐	☐	☐	☐
10.	Deriving short term objectives from annual goals.	☐	☐	☐	☐
11.	Writing instructional objectives containing the following elements: situation, stimulus, desired response, criterion for success.	☐	☐	☐	☐

12.	Identifying pre-requisite skills for expected learning.	☐	☐	☐	☐
13.	Analyzing tasks.	☐	☐	☐	☐
14.	Sequencing steps resulting from task analysis.	☐	☐	☐	☐
15.	Determining behavior modification techniques to be used (e.g., chaining, fading).	☐	☐	☐	☐
16.	Creating an appropriate reinforcement schedule.	☐	☐	☐	☐
17.	Selecting prompts to be used.	☐	☐	☐	☐
18.	Selecting appropriate equipment and materials.	☐	☐	☐	☐
19.	Recording data regarding the child's progress.	☐	☐	☐	☐
20.	Evaluating the child's progress.	☐	☐	☐	☐
21.	Revising the child's program as a result of recorded data.	☐	☐	☐	☐
22.	Demonstrating a training task for a parent.	☐	☐	☐	☐
23.	Observing a parent perform a modeled training task.	☐	☐	☐	☐
24.	Teaching a parent to record data.	☐	☐	☐	☐